MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

CERTIFICATE OF DEATH

05281

Reg. Dist. No. 3-55

1. PLACE OF DEATH:

County: Worcester

City or town: Berlin, Md (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: no

How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Worcester

City or town: Berlin, Md (If outside city or town limits, write RURAL and give nearest town)

Street No.: 6 Bowen St (If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: Samuel Waters Bowen

3.(b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a a	Married

6.(b) Name of husband or wife: Martha E. Bowen Don't know

6.(c) If alive, give age: Yes years

7. Birth date of deceased (mo., day, yr.): Nov 15, 1869

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
76	5	5		

9. Birthplace: Worcester Co. Md (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Same as above

FATHER — 12. Name: Harry Smack

FATHER — 13. Birthplace: Berlin, Md

MOTHER — 14. Maiden name: Mary Seifield

MOTHER — 15. Birthplace: Berlin Md

16. Informant: Mrs Martha Bowen

Address: Berlin Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 9 (month) (day) 46 (year)

Cemetery or crematory: Evergreen

Location: Berlin Md

18. Funeral director: James H. Stewart

Address: Salisbury Md

19. 5-7- (Date rec'd by registrar) 1946 Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5-5-46, 19..., at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-15 46 to 5-5 46 and that I last saw h alive on 5-3-46

Immediate cause of death	DURATION
Myocardial Infarction	7
Due to: Hypertension	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Clifford E. Dobell M. D. or other

Address: Berlin Md Date signed: 5/7/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

05282

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County: Worcester

City or town: Ocean City Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, Institution, or street address where death occurred: no

How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Worcester

City or town: Ocean City
(If outside city or town limits, write RURAL and give nearest town)

Street No.: no
(If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: Doris Carter

3.(b) Social Security Number: 216-09-6271a

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a-a	Married

B.(b) Name of husband or wife: Lasneta Carter (Don't know)

6.(c) If alive, give age: Yrs. years

7. Birth date of deceased (mo., day, yr.): Dec 2 1876

8. AGE:

Years	Months	Days	If less than one day
69	4	29	hrs. min.

9. Birthplace: Columbus S. C.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Same as above

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

18. Informant: Lasneta Davis

Address: Ocean City Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 5 1946 (month) (day) (year)

Cemetery or crematory: Cedar Grove

Location: Near Snead's Hill

18. Funeral director: James H. Stewart

Address: Salisbury Md

19. 5-4 1946 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 1 1946, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1946 to May 1 1946 and that I last saw h... alive on April 26 1946

Immediate cause of death: Cerebral Hemoplegy — OURATION

Due to: Hypertension

Due to:

Other conditions: Arthritis

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Clifford E. Isbell M. D.

Address: Berlin Md Date signed: 5-3-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73d

05283

CERTIFICATE OF DEATH

Reg. Dist. No. 357

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:
County Worcester
City or town Snow Hill
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 mo
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland, County Worcester
City or town Snow Hill
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION) R0
2.(a) If veteran, name war

3.(a) FULL NAME Emma J. Lehesser

3.(b) Social Security Number None

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Albert Lehesser
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Nov. 11 1861
8. AGE: Years 84 | Months 6 | Days 1 | If less than one day ..... hrs. ..... min.
9. Birthplace: Impeaville (Accomac) Virginia (Town, county, and state)
10. Usual occupation: None
11. Industry or business

FATHER
12. Name: Thomas Taylor
13. Birthplace: Virginia

MOTHER
14. Maiden name: Patty Lehesser
15. Birthplace: Virginia

16. Informant: Mrs Martha Jackson
Address: Snow Hill, Md

17. Burial (Burial, cremation, or removal) Which? Burial Date thereof May 14 46 (month) (day) (year)
Cemetery or crematory: Baptist
Location: Snow Hill, Md

18. Funeral director: Hearne & Dennis
Address: Snow Hill, Md

19. 5/14 1946 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1946, at 7:02 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1945 to day of death May 12 1946, and that I last saw h[illegible] alive on May 12, 1946.

	DURATION
Immediate cause of death: Myocarditis, Chronic	6 mos
Due to:	
Due to:	
Other conditions: Cystitis, Cystitis	
Hysterectomy	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE Frank R. Lewis M. D.
M. D. or other
Address Willards Maryland Date signed May 13 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (BF-a)

CERTIFICATE OF DEATH

05284

Reg. Dist. No. 350

1. PLACE OF DEATH:
County: Worcester
City or town: Pocomoke
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 years
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Pocomoke Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 7 second Street
(If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME: Clara Blanche Coston

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Married

6.(b) Name of husband or wife: Maurice Coston
6.(c) If alive, give age: 78 years

7. Birth date of deceased (mo., day, yr.): July 17, 1868

8. AGE:

Years	Months	Days	If less than one day
77	9	20	...hrs. ...min.

9. Birthplace: Pocomoke Corner Va.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER
12. Name: Henry Clay Powell
13. Birthplace: Va.

MOTHER
14. Maiden name: Clara Blanche Bowen
15. Birthplace: Va

16. Informant: Mrs Herbert Gladding
Address: Pocomoke City Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: May 9 1946 (month) (day) (year)
Cemetery or crematory: Salem M.E. Cemetery
Location: Pocomoke City Md.

18. Funeral director: Henry & Watson
Address: Pocomoke Md.

19. May 8 1946 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 7, 1946, at 10 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5 1946 to May 7 1946
and that I last saw h[illegible] alive on May 6 1946

	DURATION
Immediate cause of death: Coronary Thrombosis	1 Hour.
Due to: Cardio-Vascular Renal Dis.	Several Yrs.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Louis L. Llewellyn, M.D.
M.D. or other
Address: Pocomoke City, Md Date signed: 5-8-46

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05285

Reg. Dist. No. 350

1. PLACE OF DEATH:
County: Worcester
City or town: Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
509 Bonneville Ave.,
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)
Street No. 509 Bonneville Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: FANNY CROPPER

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 20, 1913

8. AGE:

Years	Months	Days	If less than one day
33	3	20	..... hrs. ..... min.

9. Birthplace: Pocomoke City-Worcester-Md.
(Town, county, and state)
10. Usual occupation: Factory Worker
11. Industry or business: Poultry dressing plant
FATHER 12. Name: John Ross
13. Birthplace: Worcester Co. Md.
MOTHER 14. Maiden name: Eunice Schoolfield
15. Birthplace: Pocomoke City, Md.
16. Informant: Lelia Cropper
Address: 509 Bonneville, Pocomoke, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 7, 1946 (month) (day) (year)
Cemetery or crematory: Hall's Hill Cemetery
Location: Pocomoke City, Md.
18. Funeral director: H. Harvey Bradshaw
Address: Crisfield, Maryland
19. May 8, 1946 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 4, 1946, at 5:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1946 to May 1946 and that I last saw h[illegible] alive on May 4, 1946

	DURATION
Immediate cause of death: Pneumonia, F.B.	2 days
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: C. E. Pritchett M. D. or other
Address: [illegible] Date signed 5-7-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

CERTIFICATE OF DEATH

05286

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS/A15

1. PLACE OF DEATH:
County: Worcester
City or town: Showells (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs
Hospital, Institution, or street address where death occurred: Showells Route 1
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md. County: Wor.
City or town: Berlin (If outside city or town limits, write RURAL and give nearest town)
Street No.: R F D (If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Gertrude Phoby Ellen Powell Donoway

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: George Washington Donoway 6.(c) If alive, give age: 28 years

7. Birth date of deceased (mo., day, yr.): July 13 1922

8. AGE: Years	Months	Days	If less than one day
23	9	24	hrs. min.

9. Birthplace: Libertytown (Town, county, and state)
10. Usual occupation: House Wife
11. Industry or business

FATHER — 12. Name: George Powell
FATHER — 13. Birthplace: Timmonstown
MOTHER — 14. Maiden name: Eva Mae Griffin
MOTHER — 15. Birthplace: Powellsville Md

16. Informant: George W Donoway
Address: Berlin Md Route 1
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 9th 1946 (month) (day) (year)
Cemetery or crematory: Riverside
Location: Libertytown
18. Funeral director: Wm. Edward Wells
Address: Pittsville Md.
19. 5-8- 1946 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 7th 1946, at 5-15 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 1946 to May 6 1946 and that I last saw h[illegible] alive on May 6 1946

Immediate cause of death	DURATION
Pulmonary Tuberculosis	7 1
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Clifford E. Schatt M. D. or other
Address: Berlin Md. Date signed 5-8-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05287

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: Worcester

County: Showells Md

City or town: (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Showell, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Sallie Marie Donovay

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 30 - 1946

8. AGE: Years | Months: 3 | Days: 26 | If less than one day: hrs. min.

9. Birthplace: Showells Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER — 12. Name: Geo W Donovay
13. Birthplace: Wr Laurel Delaware

MOTHER — 14. Maiden name: Gertrude Powell
15. Birthplace: Berlin Md

16. Informant: Geo W Donovay
Address: Showells Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 27-1946 (month) (day) (year)

Cemetery or crematory: Near Liberty Town Md

Location: Riverside Cemetary

18. Funeral director: Wm. Bovard Wells

Address: Pittsville, Md.

19. 5-27-1946 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 26 1946, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1946, to May 26 1946 and that I last saw h[illegible] alive on May 15 1946

Immediate cause of death	DURATION
Pulmonary Tuberculosis	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Clifford E Schut M. D. or other

Address: Berlin Md Date signed 5/27/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05288

CERTIFICATE OF DEATH

Reg. Diat. No. 355

1. PLACE OF DEATH:
County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 70 years.
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Worcester.
City or town: Berlin.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: David James Downey.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married.

6.(b) Name of husband or wife: Jennie Downey
6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Aug. 7, 1874

8. AGE:

Years	Months	Days	If less than one day
71	9	21	...hrs. ...min.

9. Birthplace: Maryland
(Town, county, and state)
10. Usual occupation: Farmer.
11. Industry or business

FATHER
12. Name: John Downey
13. Birthplace: Md.

MOTHER
14. Maiden name: Annie Hastings
15. Birthplace: Md.

16. Informant: Mrs. David J Downey
Address: Berlin Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/31/46 (month) (day) (year)
Cemetery or crematory: Evergreen
Location: Berlin Md
18. Funeral director: Bruce A. Bunting
Address: Berlin Md.
19. 5-31- 46 Helen F. Hayward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5-29 1946 at P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1-1-46 to 5-29-46 and that I last saw h... alive on 5-28-46

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Clifford E. Jarrett M. D. or other
Address: Berlin Md Date signed: 5-30-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05289

Reg. Dist. No. 35/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Snow Hill (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Snow Hill (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: Arintha J. Ellis

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	White	widow

6.(b) Name of husband or wife: John J. Ellis

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov 21 1866

8. AGE:	Years	Months	Days	If less than one day
	79	5	28	..... hrs. ..... min.

9. Birthplace: Snow Hill Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

MOTHER FATHER

12. Name: Benjamin Davis

13. Birthplace: Maryland

14. Maiden name: Jane Farr.

15. Birthplace: Maryland

16. Interment: Robert Ellis

Address: Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 21/46 (month) (day) (year)

Cemetery or crematory: Whitesont

Location: Snow Hill Md

18. Funeral director: Adam T Dennis

Address: Snow Hill Md

19. 5/20/46 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 19 1946, at 1:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Myocardial degeneration of heart	Unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ..... Injured at work?

23. SIGNATURE: John L. Riley Dep. Med Exam M. D. or other

Address: Snow Hill Md Date signed 5/19/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

05290

CERTIFICATE OF DEATH

Reg. Diat. No. 357

1. PLACE OF DEATH:

County: Worcester

City or town: Snow Hill (If outside city or town limits, write RURAL and give nearest town)

WITHIN CORPORATE LIMITS OF

How long in above place of death? 5 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Snow Hill (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: George E. Grant

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Mary A. Grant

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 19 1863

8. AGE:

Years	Months	Days	If less than one day
91	0	19	hrs. min.

9. Birthplace: Sunbury, Northumberland, Pa. (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER — 12. Name: William S. Grant

13. Birthplace: Pennsylvania

MOTHER — 14. Maiden name: Rachel A. Hoffheimer

15. Birthplace: Pennsylvania

16. Informant: Mrs. Robert G. Grant

Address: Snow Hill, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 11 46 (month) (day), (year)

Cemetery or crematory: Pompret Manor

Location: Sunbury, Pa.

18. Funeral director: Duarte & Dennis

Address: Snow Hill Md

19. 5/9/ 19 46 (Date rec'd by registrar) LeRoy Leveck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 8 19 46, at 9 00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death: Decompensated Hypertensive Arteriosclerotic Cardio-	
Due to: renal disease	3 wks.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Paul Cohen M. D. M. D. or other

Address: Snow Hill Date signed: 5/9/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05291

Reg. Dist. No. 350

1. PLACE OF DEATH:
County Worcester
City or town Pocomoke Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 mos.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County
City or town Scarland
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME King Solomon Jenkins

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	C	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 12 1896

8. AGE: Years 50 | Months 3 | Days | If less than one day ... hrs. ... min.

9. Birthplace D C (Town, county, and state)

10. Usual occupation Sawmill Labor

11. Industry or business

FATHER 12. Name Solomon Jenkins

13. Birthplace D C

MOTHER 14. Maiden name Lee Jones

15. Birthplace Md

16. Informant John Jenkins

Address Pocomoke, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 9 1946 (month) (day) (year)

Cemetery or crematory Woodtown Cemetery

Location Pocomoke City RFD 3

18. Funeral director H. Harrison Bradshaw

Address Pocomoke City, Md

19. May 9 1946 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1946, at 7.45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 1945, to May 6 1946, and that I last saw h— alive on May 1945.

	DURATION
Immediate cause of death Myocardial degeneration	2 yrs
Due to Chronic Nephritis	5
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Richter, M. D. or other

Address Pocomoke City Date signed 5-6-46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (22)

CERTIFICATE OF DEATH

05292

Reg. Diat. No. 355

1. PLACE OF DEATH:

County: Worcester

City or town: Showell

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 43 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Showell

(If outside city or town limits, write RURAL and give nearest town)

Street No.: no streets

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: John M. Moore

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Lillie Alice Moore

6.(c) If alive, give age: 81 years

7. Birth date of deceased (mo., day, yr.): Oct 29, 1856

8. AGE: Years: 89 | Months: 6 | Days: 25 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Pepper Delaware

(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: "

FATHER — 12. Name: Myrtle G. Moore

13. Birthplace: Del.

MOTHER — 14. Maiden name: Lovey Bunting

15. Birthplace: Del.

16. Informant: Mrs. Lillie A. Moore

Address: Showell, Md.

17. Burial: (Burial, cremation, or removal. Which?) Date thereof: May 26 1946 (month) (day) (year)

Cemetery or crematory: I.O.O.F.

Location: Bishopsville, Md.

16. Funeral director: M. Pusha Watson

Address: Selbyville, Del.

19. 5-25 1946 (Date rec'd by registrar) Helen L. Hawkins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 24 1946, at 10:45 A.M.

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from July 19 1940 to May 24 1946 and that last saw him alive on May 23 1946

	DURATION
Immediate cause of death: Chronic Myocarditis	10 yrs.
Due to: Arteriosclerotic Heart Disease	20 yrs.
Due to: Generalized Arteriosclerosis	40 yrs.
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: .....

Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: L. Riccoli M.D. M. D. or other

Address: Berlin Md. Date signed: 5/25/46

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 052933 50

1. PLACE OF DEATH:
County: Worcester
City or town: Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 years
Hospital, Institution, or street address where death occurred: Home, 4th Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 4th Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Bertie Lee Northam

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Charles G. Northam
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 20, 1880

8. AGE:	Years	Months	Days	If less than one day
	65	6	24	...hrs. ...min.

9. Birthplace: Girdletree-Worcester-Maryland
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: Syrinus Robertson
13. Birthplace: Worcester Co., Maryland

MOTHER
14. Maiden name: Amanda Robertson
15. Birthplace: Worcester Co., Maryland

16. Informant: Charles G. Northam
Address: 4th St., Pocomoke City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 16, 1946 (month) (day) (year)
Cemetery or crematory: Downing Cemetery
Location: Oak Hall, Virginia

18. Funeral director: H. Harvey Bradshaw
Address: Pocomoke City, Maryland

19. May 16 1946 Anne E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 14 1946 at 4:20 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 1938 ... to May 14 1946 ... and that I last saw h... alive on May 1 1946

Immediate cause of death	DURATION
Myocardial degeneration	4 yrs.
Due to: Arteriosclerosis	8 yrs.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...
Autopsy results: ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE: C. E. G. Tolson M. D. or other
Address: Pocomoke City, Md. Date signed 5-16-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

05294

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-a)

CERTIFICATE OF DEATH

Reg. Diat. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Snow Hill (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Snow Hill (If outside city or town limits, write RURAL and gives nearest town)

Street No. (If rural, give LOCATION) R D

2.(a) If veteran, name war

3.(a) FULL NAME Mary Alice Pettyman

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: John H. Pettyman

6.(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): May 14 1896

8. AGE: Years 50 Months 0 Days 8 If less than one day ... hrs. ... min.

9. Birthplace: Glaster, Mathews, Virginia (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Housework

FATHER 12. Name: Hazel Riggs

FATHER 13. Birthplace: Virginia

MOTHER 14. Maiden name: Maude Bosh

MOTHER 15. Birthplace: Virginia

16. Informant: Mr John H Pettyman Address: Snow Hill, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 24 46 (month) (day) (year)

Cemetery or crematory: Edgewater

Location: Snow Hill Md

18. Funeral director: Pearre & Dennis

Address: Snow Hill Md

19. 5/23 1946 (Date rec'd by registrar) LeRoy Purnell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 22 1946 at 2:46 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1 1946 to May 22 1946 and that I last saw her alive on May 21 1946

Immediate cause of death	DURATION
Cancer of uterine Cervix	1 year
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Paul Bunting M.D. M. D. or other

Address: Snow Hill Date signed 5/22/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

05295

Reg. Dist. No. 35-5

1. PLACE OF DEATH:

County: Worcester

City or town: Berlin Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred: no

How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Worcester

City or town: Berlin Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. no

(If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME Charles R. Atkinson.

3.(b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a.a.	Single

6.(b) Name of husband or wife: no

6.(c) If alive, give age: no years

7. Birth date of deceased (mo., day, yr.): about 1870

8. AGE: Years	Months	Days	If less than one day
about 76	—	—	..... hrs. ..... min.

9. Birthplace: Berlin Md (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Same as above

FATHER 12. Name: William Pitts

FATHER 13. Birthplace: Berlin

MOTHER 14. Maiden name: Grace Gillis

MOTHER 15. Birthplace: Berlin Md

16. Informant: Clara Braddell

Address: Berlin Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 26 - 1946 (month) (day) (year)

Cemetery or crematory: Germon Town

Location: Berlin Md

18. Funeral director: James F. Stewart

Address: Salisbury Md

19. 5-26 1946 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5-23 1946 at 6-7 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-20 1946 to 5-23 1946 and that I last saw h. living alive on 5-21 1946

Immediate cause of death	DURATION
Chronic Myocarditis	7
Due to: Hypertension	
Due to:	
Other conditions: Senility	

(Include pregnancy within 3 months of death)

Major findings of operations: .....

Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Clifford E. Schott M. D. or other

Address: 3.0 Main Berlin Md Date signed: 5/24/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

Evidence for change of year of birth of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21a)

05296

CERTIFICATE OF DEATH

Reg. Dist. No. 357

FILM No. I 04 MAY 16 1946

1. PLACE OF DEATH:

County: Worcester

City or town: Snow Hill

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 42 Years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Snow Hill

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME

Rena Elizabeth Sturgis

3.(b) Social Security Number

2I6096I04

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

B.(b) Name of husband or wife: William E Sturgis

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 22 ~~1874~~ 1873

8. AGE: Years	Months	Days	If less than one day
72	4	I5	hrs. min.

9. Birthplace: Powellville Wicmico Maryland (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER 12. Name: James Cooper

FATHER 13. Birthplace: Powellville

MOTHER 14. Maiden name: Elizabeth Bradford

MOTHER 15. Birthplace: Powellville

16. Informant: Roy C Sturgis

Address: Delmar Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 8 1946 (month) (day) (year)

Cemetery or ~~cemetery~~: Whatcoat

Location: Snow Hill Maryland

18. Funeral director: Hearne & Dennis

Address: Snow Hill Maryland

19. 5/8/46 (Date rec'd by registrar) LeRoy Smith, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 6 1946, at 6:30 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/5/46 19.. to 5/6/46 19..

and that I last saw her alive on 5/5/46 19..

Immediate cause of death	DURATION
Hypertensive Cardio-Vascular renal disease	Unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Paul Cohen M.D. M. D. or other

Address: Snow Hill Date signed 5/6/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

05297

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 34 yrs.
Hospital, institution, or street address where death occurred: ✓
How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Maryland County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No.: R.F.D.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Charles Mitchell Townsend.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Hazel Townsend
6.(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): Sept. 15 1882

8. AGE: Years 63 | Months 7 | Days 17 | If less than one day: ....hrs. ....min.

9. Birthplace: Berlin, (Town, county, and atate)

10. Usual occupation: Farmer.

11. Industry or business: Farming

FATHER
12. Name: Arthur Townsend.
13. Birthplace: Md.

MOTHER
14. Maiden name: Henrietta Williams
15. Birthplace: Md.

16. Informant: Hazel Townsend.
Address: Berlin, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-4-46 (month) (day) (year)
Cemetery or crematory: Buckingham
Location: Berlin, Md.

18. Funeral director: M. Pasha Watson
Address: Selbyville Del

19. May 2 1946 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 2nd 1946, at 11:55P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1937 to May 2 1946
and that I last saw h... alive on May 2 1946

	DURATION
Immediate cause of death: Cerebral hemorrhage	3 hrs
Due to: Hypertension	10 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: L. Shiccoll M D
Address: Berlin Md. M. D. or other
Date signed: 5/3/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05298

Reg. Diat. No. 355

1. PLACE OF DEATH:
County Worcester.
City or town Showell
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 years.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester.
City or town Showell.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Julia Olive Rue Truitt.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widow.

6.(b) Name of husband or wife Francis Columbus Truitt
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 15, 1857

8. AGE: Years 89 | Months 1 | Days 27 | If less than one day ... hrs. ... min.

9. Birthplace Pocketaligo, Accomac Co, Va.
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name William Rue II
13. Birthplace Virginia

MOTHER
14. Maiden name Julia Mason
15. Birthplace Virginia

16. Informant Mrs. Vaughn Rue Truitt.
Address Showells, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/14/46 (month) (day) (year)
Cemetery or crematory Episcopal Cem.
Location Berlin Md.

18. Funeral director Bunn A. Burbage
Address Berlin Md

19. 5-14 (Date rec'd by registrar) 1946 Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1946, at 4.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1945, to May 1946
and that I last saw h alive on 19

Immediate cause of death	DURATION
Chr. Nephritis	
Due to	
Due to	
Other conditions Chr. Myocarditis	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas. R. Lore M. D. or other
Address Berlin Md. Date signed 5-13-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

05299

★ Reg. Dist. No. 351

1. PLACE OF DEATH:

County: Worcester

City or town: Girdletree

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 Years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Girdletree

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: No

3. (a) FULL NAME: Clayton P. Nutt

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Katherine R. Nutt

6.(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Jan 24 - 1886

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
60	3	18		

9. Birthplace: Girdletree Worcester Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER — 12. Name: A. W. Nutt

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Sarah B. Calhoun

15. Birthplace: Maryland

16. Informant: Mrs. Katherine R. Nutt

Address: Girdletree, Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof: May 16 '46 (month) (day) (year)

Cemetery or crematory: Baptist

Location: Girdletree, Md

18. Funeral director: Pearsall & Dennis

Address: Snow Hill Md

19. 5/14 1946 (Date rec'd by registrar) R. Coy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 12 1946 at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1945 to May 12 1946 and that I last saw h... alive on May 12 1946

Immediate cause of death	DURATION
Multiple Sclerosis	1 yr.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Paul Cohen M.D. M. D. or other

Address: Snow Hill Date signed: 5/13/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (177)

CERTIFICATE OF DEATH

05300

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Worcester
City or town: Pocomoke md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 68 years.
Hospital, institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Pocomoke
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Sixth street
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Clarence Major Winslow

3.(b) Social Security Number: 212-16-1954

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife: Eileen Winslow
6.(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): October 1 1878

8. AGE:

Years	Months	Days	If less than one day
67	7	10	...hrs. ...min.

9. Birthplace: Pocomoke Worcester Md.
(Town, county, and state)
10. Usual occupation: day labor
11. Industry or business: Private family
FATHER 12. Name: Seth Winslow
FATHER 13. Birthplace: Virginia
MOTHER 14. Maiden name: Addie Douglas
MOTHER 15. Birthplace: Virginia
16. Informant: Eileen Winslow
Address: Pocomoke md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 15, 1946 (month) (day) (year)
Cemetery or crematory: Hall Hill
Location: Rural Pocomoke Md.
18. Funeral director: Henry E. Watson
Address: Pocomoke md.
19. May 14 1946 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5/10/1946, at 6:10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/8/1946, to 5/9/1946
and that I last saw h... alive on ...19...

Immediate cause of death	DURATION
Food poisoning	2 days
Due to: Meat sandwiches at a restaurant (Cause)	
Due to:	
Other conditions: Chronic bronchitis	2 yrs.
a large amount of alcohol (Include pregnancy within 3 months of death)	

Major findings of operations: ...Date of op. ...
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury: ... Injured at work?

23. SIGNATURE: P. R. Carlton M. D. or other
Address: Pocomoke City, Md. Date signed: 5/10/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

05301

Reg. Dist. No. 35 1

1. PLACE OF DEATH:

County Worcester

City or town Snow Hill

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Snow Hill over River Bridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. Washington St. Ext. (If rural, give LOCATION) House Horace Pongine Tenant

2.(a) If veteran, name war

3.(a) FULL NAME Baby Wise

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	colored	

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 10 — 1946

8. AGE: Years — Months — Days — If less than one day ..... hrs. 10 min.

9. Birthplace Maryland, Snow Hill (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Jamie Pavon

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden name Gladyce Wise

MOTHER 15. Birthplace Virginia

16. Informant Jack Wise

Address Snow Hill, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 10th 46 (month) (day) (year)

Cemetery or crematory at home

Location Pocomoke Road, near Snow Hill

18. Funeral director Hearne & Timmons

Address Snow Hill, Md.

19. 5.10 1946 LeRoy Smith

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1946 at 5:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 1946 to May 10 1946 and that I last saw him alive on May 10 1946

Immediate cause of death	DURATION
Premature - 5 lbs 5 ozs Baby weakling (1st Birth)	10 min
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert L. LaMar M.D. M. D. or other

Address Snow Hill Date signed 5-10-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15